

FORM 79-20 Revised 4/2008

Inspection and Maintenance—Fleets 10240 Systems Parkway Sacramento, CA 95827 916.255.1336 Telephone 916.255.1385 Fax www.smogcheck.ca.gov



GOVERNMENT FLEET SMOG CHECK PROGRAM MAINTENANCE FACILITY APPLICATION

Agency:		BAR File Number:	
Department:			
Division:		BAR USE ONLY	
Jnit:		Date Received:	
Shop Address:		Date Assigned:	
City:S	State: Zip:		
Shop Supervisor:	Phone:	Assigned To:	
RME:	Phone:	Facility Number:	
Mailing Address:			
City:S	State: Zip:		
EQUIP	MENT/MATERIALS REQUIREM	IENTS	
Ignition Analyzer/Oscilloscope	Hand Vacuum Pump / Guage		
Ammeter	Emission/Repair Manuals	Emissions Analyzer Information:	
Digital Volt/Ohmmeter	Tachometer/Dwell Meter		
Fuel Injection Pressure Gauge	Propane Enrichment Kit	Make	
Vacuum/Pressure Gauge	Compression Tester	EIS I.D. No.	
Bar Code Scanner/Reader	Timing Light/Advance Tester	Software Version No	
Computer Fault Code Scan Tool	Low Pressure Fuel Evap Tester		
Fuel Cap Tester/Fuel Fill Pipe Restrictor Dowel Gauge	Digital Storage Oscilloscope (Enhanced Area Requirement)		

(See Instructions on Reverse Side)

INSTRUCTIONS

(Please Type or Print Clearly)

This document is also available, and interactive on our WEB Site:

WWW.smogcheck.ca.gov/

BAR FILE NUMBER: Enter the "G" file number issued to your agency by the BAR. EXAMPLE: GA970000,

GB910000, GF950000

AGENCY: Enter your agency's administrative name (i.e., state of, county of, city of, etc. for local

government. For federal agencies enter the departmental level, i.e., Department of

Commerce, Department of Justice, General Services Administration, etc.)

DEPARTMENT: Enter your agency's department name (i.e., police department, fire department, motor pool,

general services, transportation, equipment, etc. for local government. For federal agencies enter department level, i.e., Bureau of Reclamation, Department of Air Force, National

Park Service, etc.)

DIVISION: Enter the division name of your department, if applicable (i.e., water resources division,

Los Angeles division, Port Mugu naval station, maintenance division, etc.)

UNIT: Enter the unit designation name of your department's division, if applicable (i.e., shop # 4,

southern area branch office, heavy equipment center, etc.)

SHOP ADDRESS: Enter your agency's business location address. Do not list a post office box for the

address.

SHOP SUPERVISOR: Enter the name of the maintenance facility supervisor or manager of the location and

telephone number..

RME: Enter the name of the person designated as the agency's RME (Responsible Managing

Employee) and telephone number

MAILING ADDRESS: Enter the mailing address if this is a different address from your agency's business address.

EQUIPMENT REQUIREMENTS:

These are the items your maintenance facility should have on hand in order to properly perform the vehicle emissions inspections. The shop equipment should be verified against the list of requirements.

NOTE: The shop must have a diagnostic device capable of retrieving on-board computer trouble codes and instructions for extracting the codes and the definitions for interpreting the trouble codes.

EMISSIONS ANALYZER: Enter the Make, Emission Inspection System (EIS) I.D., Software Version No., and the telephone number for the Modem of the emissions analyzer. The Modem telephone line requirement is a standard single-party business line and must be dedicated ONLY to the emissions analyzer. The telephone line must be active before the analyzer can be inspected.

NOTE: Maintenance facilities located within the Enhanced Program Areas that will be performing vehicle emissions testing must be equipped with a BAR-97 emissions analyzer, an approved dynamometer that will perform the required acceleration simulation mode (ASM) speed tests of 5015 and 2525, and a Digital Storage Oscilloscope (DSO) for reading electronic wave patterns on computer controlled vehicles.

Sign and date the form, and return to the Bureau of Automotive Repair, Fleet Operations at the address on the front of the form.